

FILED JUN 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH14678
State File No.

BIRTH NO.		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 548	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Andrew			
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. LENGTH OF STAY (in this place) 5 weeks		c. CITY OR TOWN Savannah,		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital				e. STREET ADDRESS (If rural, give location) 410 N. 2nd 0020/			
3. NAME OF DECEASED (Type or Print) a. (First) William		b. (Middle) Saxby		c. (Last) Dray		4. DATE OF DEATH (Month) (Day) (Year) May 26, 1955	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH August 20, 1869	
9. AGE (in years last birthday) 85		10. AGE (in years last birthday) 85		11. BIRTHPLACE (City and State or Foreign Country) Swansbrook, England		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. printer		10b. KIND OF BUSINESS OR INDUSTRY Newspaper		11. BIRTHPLACE (City and State or Foreign Country) Swansbrook, England		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Alfred H. Dray		13b. MOTHER'S MAIDEN NAME Susannah Smith		14. NAME OF HUSBAND OR WIFE Laura Belle			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 443-14-7942		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Margaret Dray, Savannah, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Syphilis & uremia ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 6000 DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Benign Hypertrophy prostate & Lumbosacral Stenosis INTERVAL BETWEEN ONSET AND DEATH 2 weeks +				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION 4-28-55		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) -		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 8-6, 1955, to May 26, 1955, that I last saw the deceased alive on May 25, 1955, and that death occurred at 3:55 p.m., from the causes and on the date stated above.							
23a. SIGNATURE Robert Dray		23b. ADDRESS Savannah Mo		23c. DATE SIGNED 5/27/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/29/1955		24c. NAME OF CEMETERY OR CREMATORY Savannah Cemetery		24d. LOCATION (City, town, or county) Savannah, Missouri	
DATE REC'D BY LOCAL REG. June 2, 1955		REGISTRAR'S SIGNATURE Esther M. Allison		485-25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
				Barman St Joseph			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....*William Spalding*.....

Licensed Embalmer No. *453*

P. O. Address *3410 1st St. S.W.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.